

**San Bernardino County Department of Behavioral Health
Universal Charge Data Invoice (CDI) – Mental Health Program Outpatient Services**

Clinic Name:	Reporting Unit:	Service Date:	Primary Staff No.
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[illegible]

Regarding the Medi-Cal eligible (including EPSDT Medi-Cal) clients above, I hereby certify, under penalty of perjury, that I provided the above services to the listed clients and that the above claim information is the same as that documented in client charts.

Staff Sig. and Printed Name_____

Data Entry Done By_____ **Date Entered**_____

Universal CDI Code Set by Type (as of 1 July 2004)

Administrative Codes

300 No Show
302 No Show Walk-In
304 Rescheduled
305 Clinic Canceled
306 Patient Canceled Walk-In
307 Appt Rescheduling
309 Patient Canceled
403 Leave and Holiday
404 Training Given
405 Training Received
406 Dept Travel Time
407 Local Meeting
408 Departmental Meeting
409 Interagency Meeting
410 Other Meeting
418 Approved Special Assignment
419 Administrative Duties NOS
457 Clinical Supervision Provided
458 Clinical Supervision Received
459 Admin Supervision Provided
460 Admin Supervision Received

Assessment Codes

331 Assessment
332 Assessment AB2726
333 Assessment Walk-In
334 Assessment Hosp Aftercare
337 Assessment Telmed
684 Assessment Healthy Homes

CalWORKs Codes

310 Collateral
320 Psych Testing
330 Assessment
340 Family Therapy
340 Individual Therapy
350 Group Therapy
360 Medications
370 Crisis Intervention
520 MHS Plan Development
550 Rehab/ADL

Case Management Codes

541 Placement Service
542 Placement Services AB2726
544 Placement Hospital Aftercare
561 Linkage & Consultation
562 Linkage & Consultation AB2726
564 Case Mgmt Walk-In
566 Link/Cons Hospital Aftercare
567 Linkage Telmed
571 Plan Development Case Mgmt
572 Plan Development AB2726
574 Plan Devel CM Hosp Aftercare
579 Plan Devel CM AB2726
693 Healthy Homes Placement
696 Link/Consultation Healthy Homes
697 Plan Devel CM Healthy Homes

Collateral Codes

311 Collateral
312 Collateral AB2726
313 Family Collateral
314 Collateral HAS
315 Collateral
316 Collateral Walk-In
317 Collateral Telmed
681 Collateral Healthy Homes
683 Family Coll Healthy Homes

Conservatorship Invest

621 Conservatorship Invest
631 Conservatorship Admin

Crisis Intervention Codes

371 Crisis Intervention
372 Crisis Intervention AB2726
373 Crisis Walk-In
377 Crisis Telmed
688 Crisis Healthy Homes

Day Treatment Codes

286 Half Day Intens Day Tx AB
291 Day Tx Habil Half Day
292 Day Care Habil AB2726
295 Day Tx Habil Full Day
296 AB Day Tx Habil Full

Group Billing Codes

351 Group
351 Family Group
352 Group AB2726
686 Group Healthy Homes

Individual Therapy Codes

341 Individual
341 Family/Individual
342 Individual AB2726
347 Individual Telmed
685 Individual Healthy Homes

Indirect (non-billed) Services

411 Mental Health Promotion Adult
412 MH Promotion AB2627
417 Mental Health Promotion Child
420 AB2627 Mediation/Due Process
421 Community Client Contact Adult
422 CC Contact AB2726
423 Interpretation Services
427 Community Client Contact Child
433 DT Tx Support Adult
434 DT Tx Support AB2726
437 DT Tx Support Child
442 Classroom Observation
452 I.E.P.
461 Placement Evaluation
462 Hospital Liaison
463 Court Appearances
661 Case Mgmt Support
662 Case Mgmt Support AB2726

Medication Support Codes

361 Medication
362 Medication AB2726
363 Medication Walk-In
367 Meds via Telmed
687 Meds Healthy Homes

MHS Plan Development Codes

521 Plan Development
522 Plan Development AB2726
524 Plan Devel.Hospital Aftercare
691 Plan Development Healthy Homes

Psych Testing Codes

321 Psych Testing
322 Psych Testing AB2726

Quality Assurance Codes

395 QA Case Review/Direct
451 Non Medi Cal QA Chart Audit
454 MediCal QA Chart Audit
455 QA Committee Meeting/Indirect
456 QA Administration/Indirect

Rehab/ADL Codes

551 Rehab/ADL
552 Rehab/ADL AB2726
554 Rehab/ADL Hospital Aftercare
557 Rehab ADL Telmed
695 Rehab/ADL Healthy Homes

Unbilled Direct Service Codes

339 Assessment AB2627 NBC
330 Assessment NBC
310 Collateral NBC
319 Collateral AB2627 NBC
620 Conservatorship Investigation
379 Crisis Inter AB2627 NBC
370 Crisis Intervention NBC
539 Emergency Inter AB2627 NBC
530 Emergency Intervention NBC
519 Evaluation AB2726 NBC
510 Evaluation NBC
359 Group AB2627 NBC
350 Group NBC
349 Individual AB2726 NBC
340 Individual NBC
402 Intake No Show AB2726
289 Intens Day Tx AB2627 NBC
569 Linkage & Advocacy AB2726 NBC
560 Linkage & Consultation NBC
360 Medication NBC
369 Medication AB2627 NBC
549 Placement Services AB2726 NBC
540 Placement Services NBC
529 Plan Development AB2726 NBC
570 Plan Development Case Mgmt
520 Plan Development NBC
329 Psych Testing AB2627 NBC
320 Psych Testing NBC
559 Rehab/ADL AB2627 NBC
550 Rehab/ADL NBC

TBS Service

581 Therapeutic Behavioral Service

SERVICE LOCATION CODES

1. DBH Site
2. Field / OOC
3. Non Face-to-Face Service
4. Home
5. School
6. Satellite
7. [Not Used]
8. Jail
9. Inpatient

GENERAL INSTRUCTIONS
Universal Charge Data Invoice (CDI)- Mental Health Services

Revised July 1, 2004

The Charge Data Invoice (CDI) provides data relevant to services that have been provided so that billing or other cost allocation may be done. All services and CDI categories are now combined on a single page.

The CDI is completed for each workday and is submitted no later than the next day.

Information provided on the CDI must be accurate. It is unethical to distort information provided on the CDI. Inaccuracies may be viewed by the Department's Compliance Unit and by the Federal government as fraud.

See Outpatient Chart Manual Section 11 for detailed billing information. For exact service definitions, see DBH Service Function/Scope of Practice Summary and DBH MAA definitions.

A listing of common procedure codes in use as of Nov 2004 is on the second page of the universal CDI and may be printed on the back of the CDI if desired. A current and complete listing is also available in the CDI Code Summary on the clinical_rec site.

Please note: Day Treatment billing is done using a printout from SIMON and is not included on this Universal CDI.

ENTRIES:

1. Clinic Name
2. Reporting Unit in SIMON used as tracking number for site or service type
3. Service Date is the date the billed service occurred
4. Primary Staff Number is the SIMON staff number of the primary service staff.
5. Client Number is the SIMON registration number of client.
6. Client Name as it appears in medical record.
7. Procedure Code - enter the procedure code for the service provided as identified in the chart note heading. Service type abbreviations on the CDI are the chart note headings that are to be used in chart notes. Please note that the same procedure code number is used in some cases for more than one service — e.g., 551 MHS-Rehab/ADL-Ind. and 551 MHS-Rehab/ADL-Grp.
8. Group Count is the number of clients in a group.
9. Primary Staff Time is the time spent on the service, related Plan Development, and charting for that service by the primary staff person, to the minute as near as possible — i.e., 1:26, 0:14 etc.; same as time entered on interdisciplinary note in chart for that person for that service.
10. Co-Staff Number is the SIMON number of co-staff if there was a co-staff for the service.
11. Co-Staff Time was time spent on the service, related Plan Development, and charting for that service by the co-staff person, to the minute as near as possible — i.e., 1:26, 0:14, etc.; same as time entered on interdisciplinary note in chart for that person for that service.
12. Service Location. Please see service location codes back of CDI or on chart forms. Must be same service location as entered on interdisciplinary note in chart for that service. For MAA service, please enter one of the two MAA Provider codes (SPMP provider 9, non-SPMP provider 8).
13. Clk. OK is a check box used by clerical staff to keep track of data entry lines and/or for checking data entry.
14. Staff signature affirms that all entries meet the requirements of the certification statement.
15. Data Entry Done By and Date Entered for use by clerk entering CDI data into SIMON.